

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation California Nurses Association / National Nurses Organizing Committee - AFL-CIO		3. FEC Identification Number C C90011768
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2000 Franklin Street		
(c) City, State and ZIP Code Oakland CA 94612		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

2664.87

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Alice Grubb

11/01/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Burbank Marriott

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Mailing Address
2500 Hollywood Way

Amount

6.60

City	State	Zip Code
Burbank	CA	91505

Purpose of Expenditure
Bus Tour - Hotel RoomsCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Carly FiorinaCalendar Year-To-Date Per Election
for Office Sought

27686.62

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City	State	Zip Code
Chicago	IL	60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus RentalCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Carly FiorinaCalendar Year-To-Date Per Election
for Office Sought

27686.62

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Mailing Address
2000 Franklin

Amount

406.67

City	State	Zip Code
Oakland	CA	94612

Purpose of Expenditure
Bus Tour - Staff PayrollCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Carly FiorinaCalendar Year-To-Date Per Election
for Office Sought

27686.62

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1086.54

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Christina Conte

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Mailing Address

316 West California Blvd. Unite A

Amount

500.00

City

Pasadena

State

CA

Zip Code

91105

Purpose of Expenditure

Bus Tour - Princess Carly Per Diem

Category/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought

27686.62

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Deb Ridpath

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Mailing Address

1032 N. Hudson Ave

Amount

75.00

City

Los Angeles

State

CA

Zip Code

90038

Purpose of Expenditure

Bus Tour - Videographer

Category/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought

27686.62

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Mailing Address

1620 South Brand Blvd.

Amount

9.87

City

Glendale

State

CA

Zip Code

91204

Purpose of Expenditure

Bus Tour - Van Rental

Category/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought

27686.62

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

584.87

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address

100 West Glenoaks Blvd.

Amount

313.06

City

Glendale

State

CA

Zip Code

91202

Purpose of Expenditure

Bus Tour - Hotel Rooms

Category/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Carly Fiorina

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

27686.62

Full Name (Last, First, Middle Initial) of Payee

Oakland Marriott

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address

1001 Broadway

Amount

680.40

City

Oakland

State

CA

Zip Code

94612

Purpose of Expenditure

Bus Tour - Hotel Rooms

Category/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Carly Fiorina

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

27686.62

(a) SUBTOTAL of Itemized Independent Expenditures

993.46

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

2664.87